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January 23, 2003

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464-1166

US Patent and Trademark Office Office of Initial Patent Examination GROUP 3700

Re:

U.S. Patent Application Serial No. 10/064,010; Filed: 06/04/01

Entitled: LIGHT THERAPY EQUIPMENT

Dear Ms. Young:

Attached is a Request for Withdrawal as Attorney or Agent for the above-identified US Patent application. Please let me know if there is anything else I need to do. Thank you for your assistance.

Sincerely,

Stephanie Lindquist

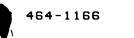
Assistant to

Gary M. Hartman

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REQUEST FOR WITHDRAWAL **AS ATTORNEY OR AGENT**

Application Number	10/064,010				
Filling Date	June 4, 2001				
First Named Inventor	George J. Vlahos				
Group Art Unit	3762				
Examiner Name					
Attorney Docket Number	A2-1500				

To: Assistant Commissio Washington, DC 202								
I hereby apply to withdraw	was attorney or agent for the above ide	entified pa	atent applicat	ion.				
The reasons for this reque	est are:							
Non-payment of attorney's fees			APPROVED JOHN E. KITTLE DIRECTOR TECHNOLOGY CENTER 3700 & 2900					
1. The correspondence address is NOT affected by this withdrawal.								
2. X Change the correspondence address and direct all future correspondence to:								
CORRESPONDENCE ADDRESS								
Customer Number Place Customer Number Bar Code Label here						- 1		
OR								
X Firm or Individual Name	George J. Vlahos							
Address	8549 Heather Court							
Address								
City	St. John	State	IN	ZIP	463	73		
Country	United States			<u> </u>	<u></u>			
Telephone	219-365-3802	Fax						
This request is made on behalf of myself and all the attorneys/agents of record, the attorneys/agents (with registration numbers) listed on the attached paper(s), or the attorneys/agents associated with Customer Number 27127 This request is enclosed in triplicate (including any attachments).								
Name Ga:	ry M. Hartman							
	arn Holis							
Date	() 1/21/03							
Unless there are at least 30 da	when approved rather then when received tys between approval of withdrawal and the extension period, the request to withdraw	expiratio						

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.